

Mr. Casey W. Riley, Director  
Division of HIV/STD  
P.O. Box 2448, Room 112  
Richmond, Virginia 23218

Date: \_\_\_\_\_

Dear Mr. Riley:

In accordance with contract # \_\_\_\_\_ between the Virginia Department of Health and \_\_\_\_\_, located at \_\_\_\_\_, I am requesting payment for services rendered during the time period \_\_\_\_\_ through \_\_\_\_\_ in the amount of \$ \_\_\_\_\_. Expenditures by approved budget line items are as follows:

**EXPENDITURES**

	Approved Budget Year _____	1 <sup>st</sup> Quarter	2 <sup>nd</sup> Quarter	3 <sup>rd</sup> Quarter	4 <sup>th</sup> Quarter	YEAR TO DATE
Personnel						
Fringe						
Travel						
Equipment						
Supplies						
Contractual						
Other (Specify)						
Start-up						
<b>Total Request</b>						

Sincerely, \_\_\_\_\_